Application or Docket Number

566.40719200

| E11001110 0010001 1, 2000  |  |   |                                  |                         |                                    |                                   |                   |                 |                        |                               |                         |                        |
|--|--|---|----------------------------------|-------------------------|------------------------------------|-----------------------------------|-------------------|-----------------|------------------------|-------------------------------|-------------------------|------------------------|
|  |  | CLAIMS AS                                   | (Column 1)                       |                         | (Column 2)                         |                                   | SMALL ENTITY TYPE |                 | OR                     | OTHER THAN<br>OR SMALL ENTITY |                         |                        |
| TOTAL CLAIMS   |  |   | 25                               |                         |                                    |                                   | R/                | TE              | FEE                    |                               | RATE                    | FEE                    |
| FOR  |  |   | NUMBER FILED                     |                         | NUMBER EXTRA                       |                                   | BAS               | C FEE           | 355.00                 | OR                            | BASIC FEE               | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | a minus 20=                      |                         | . 6                                |                                   | X                 | 9=              |                        | OЯ                            | X\$18=                  | 108                    |
| INDEPENDENT CLAIMS   |  |   | minus 3 =                        |                         | ·a                                 |                                   | ×                 | X40=            |                        | OR                            | X80=                    | 160                    |
| MU   | LTIPLE DEPEN                           | DENT CLAIM P                                | RESENT                           |                         |                                    |                                   | +135=             |                 |                        |                               | +270==                  | 11)0                   |
| • 15   | the difference                         | in column 1 is                              | less than zero, enter "0" i      |                         |                                    | olumn 2                           | TOTAL             |                 |                        | OR                            | TOTAL                   | 978                    |
| CLAIMS AS AMENDED (Column 1)   |  |   |                                  |                         |                                    |                                   |                   | SMALL ENTITY    |                        |                               | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                  | HIGH<br>NUM<br>PREVI    | IEST<br>IBER<br>OUSLY<br>FOR       | PRESENT<br>EXTRA                  | R                 | RATE            | ADDI-<br>TIONAL<br>FEE | OR                            | RATE                    | ADDI-<br>TIONAL<br>FEE |
| N<br>N   | Total                                  | . 17.                                       | Minus                            | 0                       | 25                                 | =                                 | X                 | 9=              |                        |                               | X\$18=                  |                        |
| AME  | Independent                            | · []  | Minus                            | ••• <                   | ر -                                | = 6                               | X                 | 10=             |                        | OR                            | X80=                    | paid                   |
| FIRST PRESENTATION OF MULTIPLE DE  |  |   | PENDEN                           | I CLAIM                 |                                    | +1                                | 35=               |                 | OR                     | +270=                         |                         |                        |
|  |  |   |                                  |                         |                                    |                                   |                   | TOTAL           |                        | OR                            | TOTAL<br>ADDIT, FEE     |                        |
| ADDIT. FEE ON ADDIT. FEE (Column 1) (Column 2) (Column 3)  |  |   |                                  |                         |                                    |                                   |                   |                 |                        |                               |                         |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                  | NUM<br>PREVI            | HEST<br>MBER<br>OUSLY<br>FOR       | PRESENT<br>EXTRA                  | R                 | ATE             | ADDI-<br>TIONAL<br>FEE |                               | RATE                    | ADDI-<br>TIONAL<br>FEE |
| NDW  | Total                                  | •   | Minus                            | **                      |                                    | =                                 | X                 | 9=              | •                      | OR                            | X\$18=                  |                        |
| AME  | Independent                            |   | Minus                            |                         |                                    | <u> -</u>                         | X40=              |                 |                        | OR                            | X80=                    |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                                  |                         |                                    |                                   | +1                | 35=             |                        | OR                            | +270==                  |                        |
|  |  |   |                                  |                         |                                    |                                   |                   | TOTAL<br>T. FEE |                        | OR                            | TOTAL<br>ADDIT. FEE     |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                                  |                         |                                    |                                   |                   |                 |                        |                               |                         |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                  | NUA<br>PREVI            | HEST<br>MBER<br>HOUSLY<br>FOR      | PRESENT<br>EXTRA                  | R/                | ATE             | ADDI-<br>TIONAL<br>FEE |                               | RATE                    | ADDI-<br>TIONAL<br>FEE |
| MON  | Total                                  | •   | Minus                            | ••                      |                                    | =                                 | X                 | 9=              |                        | OR                            | X\$18=                  | . 7                    |
| MEI  | Indep nd nt                            | <u> -</u>                                   | Minus                            | ***                     |                                    | <u> </u> =                        | X                 | 10=             | ,                      | OR                            | X80=                    |                        |
| L  | FIRST PRESE                            | NTATION OF M                                | ULTIPLE DE                       | PENDEN                  | T CLAIN                            |                                   | 1   +1            | 35=             |                        | OR                            | +270=                   |                        |
| "If the ntry in column 1 is less than the entry in column 2, writ "0" in column 3.  "If the "Highest Number Previously Paid Fir" IN THIS SPACE is less than 20, entir" 20."  ADDIT. FEE  OR ADDIT. FEE |  |   |                                  |                         |                                    |                                   |                   |                 |                        |                               |                         |                        |
|  | 11.the "Highest Nu<br>The "Highest Nur | amb ir Previously Pa<br>inber Previously Pa | reud Fir IN Th<br>aid For (Total | 115 SPACE<br>or Indepen | ris 18 <b>53 in</b><br>d nt) is th | an 3, enter 3.°<br>e highest numb | er found ir       | the eq          | opropriate bo          | x in c                        | olumn 1                 | •                      |